

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049189

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No. 6974

Registrar's No. 517

FILED JAN 2 1964

1. PLACE OF DEATH

a. COUNTY

St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP only)

Leadwood

Length of stay in 1b

39 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION 1216 Pine St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY St. Francois

c. CITY

Leadwood

Inside Limits

Yes ☒ No ☐

d. STREET

1008 Hunt St.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

Oda

L.

Roome

4. DATE

Month

Day

Year

OF

DEATH

Dec. 20, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

10-23-1884

9. AGE (last birthday)

79

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (City and state or country)

Bell City, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Lewis Day

13b. MOTHER'S MAIDEN NAME

Sarah Perry

14. NAME OF HUSBAND OR WIFE

Charles Roome

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

49A

17. INFORMANT

Mrs Emma Limp, Leadwood, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per item (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY OCCLUSION

INTERVAL BETWEEN

ONSET AND DEATH

5 min

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypertensive Cardiovascular disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Chills - uterine prolapse

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY.

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

12-13-63 to 12-20-63

and last saw her alive on 12-19-63

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Sign or title)

John W. Hunt Jr. MD

22b. ADDRESS

Leadwood, Mo. 12/23/63

22c. DATE/SIGNED

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

23b. DATE

12-23-63

23c. NAME OF CEMETERY OR CREMATORY

Bismarck

23d. LOCATION (City, town, or county)

Bismarck, Missouri

(State)

24. FUNERAL DIRECTOR

Bert L. Boyer, Leadwood, Mo.

ADDRESS

Leadwood, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 23, 1963

26. REGISTRAR'S SIGNATURE

Esther R. Riddle

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

B. D. Boye

Licensed Embalmer No.

3445

P. O. Address

Leadwood mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.